

Case Number:	CM15-0040398		
Date Assigned:	03/10/2015	Date of Injury:	03/19/2013
Decision Date:	04/22/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old female, who sustained a work/ industrial injury on 3/19/13. She has reported initial symptoms of left upper extremity pain. The injured worker was diagnosed as having left wrist sprain/strain and fusion. Treatments to date included medication, volar wrist splint, and rheumatology consult. Magnetic Resonance Imaging (MRI) of the left wrist 5/1/13 reported large fluid collection in the radioulnar articulation consistent with triangular fibro cartilage tear and effusion. Electromyogram/nerve conduction study (EMG/ NCV) noted median neuropathy, ulnar neuropathy across the wrist and elbow, and no evidence of peripheral neuropathy. Currently, the injured worker complains of sensitivity in the back of the left wrist due to cold weather. The pain was described as constant and radiated to the left elbow rated at 5/10. There was sharp pain in her left shoulder joint that was always present. There was left hand stiffness and weakness and caused dropping of items. There was difficulty with activities of daily living (ADL's). The treating physician's report (PR-2) from 1/15/15 indicated upon physical exam that the left wrist subluxed the distal radial ulnar joint, had painful clicking with ballottement of the distal ulna, reduction in effusion. Wrist flexion was 70 degrees right at 50 degrees left; extension at 75 degrees right and 65 degrees left; radial 20 degrees right and 15 degrees left; ulnar 30 degrees right and 20 degrees left. There was full supination and pronation. Digit abduction was intact. Treatment plan was to await surgical treatment and rheumatology consult, and medication refill to include Ambien for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ambien 10 mg Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Insomnia Treatment, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists).

Decision rationale: According to the 0/15/2015 report, this patient presents with "constant left wrist pain radiating to the left elbow that has increased to a 5/10." The current request is for Ambien 10mg Qty 12. The request for authorization is not included in the file for review. The patient's work status is on modified duty with no use of left hand. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In reviewing the medical reports provided, there is no mention of this medication usage; it is unknown exactly when the patient initially started taking this medication. The treating physician does not document that the patient has sleeping issues nor the reason why this medication has been prescribed. Furthermore, the treater does not mention that this is for a short-term use. The ODG Guidelines do not recommend long-term use of this medication. Therefore, the current request IS NOT medically necessary.